








# ENGLISH EXAM

## SPEAKING



Name: _____ Surname: _____ N <sup>ber</sup> : _____ Grade/Class: _____					
Assessment: _____	Date: _____				
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Teacher's signature:</td> <td style="width: 50%; text-align: center;">Parent's signature:</td> </tr> <tr> <td style="height: 40px;">_____</td> <td style="height: 40px;">_____</td> </tr> </table>	Teacher's signature:	Parent's signature:	_____	_____
Teacher's signature:	Parent's signature:				
_____	_____				

### 1. What are they doing?



He \_\_\_\_\_.



He \_\_\_\_\_.



She \_\_\_\_\_ her \_\_\_\_\_.



They \_\_\_\_\_.



They \_\_\_\_\_.



She \_\_\_\_\_ to \_\_\_\_\_.